L180024857

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COVER LETTER



TO: Registration S Division of Co			
She is Los	rine, LLC		
3003LC1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Tiara Yasmin Brown		
	······································	Name of Person	
		Firm/Company	
	53 Loblolly Lane		
		Address	
	Midway, FL 32343		
	tiaraybrown@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Tiara Yasmin Brown		850 508-7348	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

She is Lorine, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 24, 2018 and assigned Florida document number L18000249851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tiara B Photography, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida <u> </u> City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	se specific and eannot be prior to date of fi k does not meet the applicable statute		
e record specifies a delayed of The 90th day after the recor	effective date, but not an effe d is filed.	ctive time, at 12:01 a.m. or	ı the earlier c
November 30th	. 2018		
1:	J. BYOWN ighture of a member or authorized repre		
	griture of a member or authorized repre	sentative of a member	

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Filing Fee: \$25.00